Prescription Validity - When Prescriber No Longer Practising

1. Purpose:

This document outlines how to handle dispensing new prescriptions or dispensing refills when a prescriber passes away, retires or otherwise ceases practice.

2. Policy:

Historically, it has been Council’s position that since the prescriber-patient relationship no longer exists and the patient is no longer under the practitioner’s care, the prescription should be no longer considered valid. However, this is not always practical since it can take an extended period of time for a patient to obtain the services of another primary health care provider. In many cases, a prescriber will intentionally write prescriptions for a period of time that extends beyond his or her retirement to cover off such situations.

We understand from the College of Physicians and Surgeons of Saskatchewan (CPSS) that a physician is expected to arrange for coverage when leaving practice. However, if this does not occur, the CPSS’s position is that as long as the prescriber was licensed at the time the prescription was written, it is considered a legally valid prescription if the prescription is not more than a year old.

Therefore, Council has approved that for the purpose of dispensing, pharmacists may accept the prescription as valid, with the expectation that pharmacists who receive such requests will apply their expertise in medications and medication use as outlined in the NAPRA Model Standards of Practice for Canadian Pharmacists.

3. Guidelines:

As such, it is the pharmacist’s professional responsibility to evaluate the appropriateness of the prescription in each individual situation and consider questions related to patient assessment and the patient’s best interests.

3.1. Questions to evaluate if a prescription can be filled when the prescriber-patient relationship no longer exists, may include but are not limited to1:

- How long ago was the prescription written? Was it intended to be a short-term therapy?
- Is the medication for a condition that is considered to be chronic? If so, does the patient have an established stable, compliant history with the medication?
- Is the patient unable to visit a new primary health care provider in a timely manner?

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• Is the patient at an increased risk of harm by filling or re-filling the medication? Or conversely, is the patient at an increased risk of harm if the medication is not provided in accordance with the original prescription?

• If the prescriber was still practicing, would I have consulted with the prescriber for any reason before filling or refilling the medication?

• Is there another option? Would providing an interim supply or prescription extension, be appropriate, if indicated?

3.2. Regardless of the pharmacist’s decision, the patient should be advised to find a new or interim prescriber as soon as possible;

3.3. The pharmacist must make a record of the decision documenting the rationale for the final decision.

4. Other Resources:

For guidance on Pharmacist Prescriptive Authority in extraordinary circumstances such as when an active prescriber-patient relationship no longer exists see SCPP document Bylaw Interpretation for Exemptions to Prescribing Authority.